

Name (as shown on your income tax return)
Healthcare Inspirations, Inc.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)
4237 S. Market Court, Suite C *This is our NEW billing and shipping address.*

City, state, and ZIP code
Sacramento CA 95834-1233

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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or

Employer identification number

4	5	5	4	8	1	0	0	7
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person  Date **2018**

Payment Terms:

New customers are required to pre-pay for their first order with a company check, MasterCard, Visa, Discover or AMEX. If you would like to establish N15 payment terms, please ask for a Credit Application.

- Net 15 Days** with approved credit
- MINIMUM ORDER FOR PURCHASE ORDERS:**

There is a **minimum-order of \$ 250.00** if you are using a Purchase Order and want to be billed Net 15 Days.

If your PO does not meet the minimum, a **\$ 20.00 billing fee** will be added to the invoice. To avoid the fee, increase the order or pre-pay with check, Master Card, Visa, Discover, or AMEX.

Billing & Shipping Address:

4237 S. Market Court, Suite C
 Sacramento, CA 95834-1233

To place orders or order inquiries:

Customer Care Team
Email: CustomerCare@HealthcareInspirations.com
Voice: (877) 646-5877 7am to 3pm PST
Fax: (916) 340-8361 <--New Fax #

Accounting Inquiries:

Email: Accounting@HealthcareInspirations.com



Healthcare Inspirations is proud to be a Veteran-Owned Small Business.

We are approved on Sam.gov and our Cage Code is: 4JNH3.